

Central Office of Vital Statistics  
**FILED JUN 2 1948**

Registration District No. 324

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6084State File No. 21839Registrar's No. 133

## 1. PLACE OF DEATH:

(a) County Saline  
 (b) City or town Hustonia "Rural"  
 (c) Name of hospital or institution: Blackwell City Hospital  
1 Mi. N. W. Marshall Junction.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 35 (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME George Brooks Hildebrand

3. (b) If veteran, ----- 3. (c) Social Security No. -----  
 name war -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Willie Gladys Hildebrand 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased Mch. 21 1887  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>20</u>	<u>-----</u> hr. <u>-----</u> min.

9. Birthplace Tescott Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer11. Industry or business -----12. Name John Hildebrand13. Birthplace Unknown Ohio  
 (City, town, or county) (State or foreign country)14. Maiden name Anna Bell Loso15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. G. B. Hildebrand(b) Address Hustonia, Mo.17. (a) Burial Ridge Park Cem. Marshall, Mo. (b) Date thereof 6-13-48  
 (Month) (Day) (Year)(c) Place: burial or cremation -----18. (a) Signature of funeral director Harry Hershberger(b) Address Marshall, Mo.19. (a) 6-19-1948 (b) Sidney T. Gray  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97  
 (c) City or town Hustonia "Rural" 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 Mi. N. W. Marshall Junct. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country -----

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
 year 1948 hour about 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 3, 1948 to June 11, 1948  
 that I last saw him alive on June 3, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3

Due to UnknownDue to -----Other conditions -----  
 (Include pregnancy within 3 months of death)Major findings: gfwOf operations -----Of autopsy -----

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----(b) Date of occurrence -----(c) Where did injury occur? ----- (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----While at work? ----- (Specify type of place) (e) Means of injury -----23. Signature John M. Hershberger (M. D. or other)Address Hustonia Date signed 6-14-48

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-23-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Joseph R. Mackler

Registered Apprentice No. 43

working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.